

STATE OF MARYLAND FINAL
ADVISORY COUNCIL ON PRESCRIPTION DRUG MONITORING

HOWARD COUNTY HEALTH DEPARTMENT

7178 COLUMBIA GATEWAY DRIVE

COLUMBIA, MARYLAND 21046

FRIDAY, SEPTEMBER 11, 2009

9:30 A.M.

BEFORE THE HONORABLE JOHN F. FADER, II, CHAIRMAN

Transcriptionist: Robin C. Comotto
Notary Public

Proceedings recorded by digital CD recording.
Transcript produced by transcription service.

ALSO IN ATTENDANCE:

DR. ROBERT L. LYLES, JR.

DR. MARCIA D. WOLF

BRUCE KOZLOWSKI

LINDA M. BETHMAN

GEORGETTE P. ZOLTANI

LARAI FORREST, ESQUIRE

1 (Whereupon, the meeting of the Advisory
2 Council commenced, at 9:30 a.m.)

3 JUDGE FADER: I was hoping that this
4 morning that we could start to think about
5 appointing some people to head different types of
6 programs, here -- issues, earmarks, and discuss a
7 little bit of that. And then have the person who
8 is going to be the head have some other people to
9 work with them, on these issues, and to get the
10 information as quickly as we can.

11 Now, I'm open, and we all are, to any
12 suggestions, but here's what I have down, to
13 earmark. Number one, the databases. Number two,
14 access and security. Number three, domicile.
15 And number four, funding.

16 Now, I think that we probably want to add
17 some categories to that. We can discuss but let
18 me just say databases, one, two, access and
19 security, three, domicile, and then four,
20 funding.

21 Now, with regard to databases, I thought

1 I'd throw out my view of that and see.

2 That's a ruling in a case that you can't
3 tell the attorneys about because it won't go out
4 until today. That's -- I'll get something decent
5 on the screen.

6 This is the way I see it and how you see
7 it. As far as what the database should look
8 like, it seems to me that there are three
9 options. The first option are the CDS and other
10 selected drugs of abuse. Secondly, a database
11 that would be like Sure Scripts and a lot of
12 other things that would have not only the CDS
13 drugs and abuse drugs there, but the whole
14 patient history of this patient and what the
15 patient is taking, which a lot of the physicians
16 feel is very, very important, if not essential.

17 And number three is the database that the
18 State is putting together, that's going to
19 include all electronic medical records and things
20 of that sort.

21 And those are the three categories I see

1 and the method of presentation, it seems to me,
2 to be to the legislature. Here's what number
3 one's going to cost. Here's how soon it can be
4 implemented. And here's what number two's going
5 to cost and here's how soon it can be
6 implemented. And here's what number three is
7 going to cost and here's how soon it can be
8 implemented.

9 Now, with that in mind, I'd like to see
10 if we can get some discussion about that. And,
11 frankly, this is kind of one I can't ask for any
12 volunteers too much on this because Bob Lyles
13 will send his cousin, Vito, after me if I don't
14 ask him to head this one because he's been so
15 much involved in it. But that's what the
16 legislature's going to deal with, assuming the
17 legislature feels that we have a problem, and
18 they do or they wouldn't have put this together,
19 meaning our problem with regard to prescription
20 drug abuse.

21 They're going to want to know should we

1 use System A, System B, System C, and how much is
2 it going to cost, how soon can it be implemented,
3 based upon everything out there that other states
4 have done. Who's working, who's not, whose model
5 we can use and how much it's going to cost.

6 Marcia?

7 DR. WOLF: I think we should also add to
8 that what the likely life span of that particular
9 program is. In other words, how long will we
10 actually be able to have valuable data from it.

11 JUDGE FADER: Okay. And, of course, that
12 all depends upon the federal government. And
13 having listened to some of the radio coming down
14 here, I see people that people that feel we're
15 not going to have federal government, soon. So I
16 don't know.

17 (Laughter.)

18 JUDGE FADER: It depends upon how doomed
19 and damnation and everything everybody feels, so.
20 I mean, I think it's a very big possibility the
21 federal government is going to try to move in on

1 this, in years, and then of what value would our
2 system be? So I don't know the answer to that.

3 Maybe Bruce has a better handle on that.

4 MR. KOZLOWSKI: I think you articulated
5 it well. There are people looking at it. It's
6 an opportunity and there's no lack of people
7 looking for opportunity, in (inaudible).

8 JUDGE FADER: Well, I don't mean to be
9 too Jeffersonian, but if the government starting
10 to look at it I'll probably be in the grave
11 twenty years, about 2050, by the time they get
12 around to doing anything.

13 MR. KOZLOWSKI: Their (inaudible) is one
14 twenty.

15 (Laughter.)

16 MALE SPEAKER: We don't believe all those
17 implementation dates of 2011 and 2012, in those
18 bills.

19 JUDGE FADER: They haven't -- none of us
20 has proven correct, in the past. Why should they
21 prove correct in the future. What's it been?

1 Forty, fifty years we've been trying to cure
2 fraud out of Medicare and Medicaid? And nobody's
3 done it.

4 Anyhow, with regard to databases, that's
5 how I see it. That's what the legislature, I
6 think, is going to be interested in. Anybody
7 have any comments, quotes, anything like that?

8 And I would ask, with your permission,
9 that Bob would head that up, get the information
10 as soon as he can, select who he can, try to have
11 either Georgette, or Michael, or myself there,
12 for any meetings that he has. And take anybody
13 along who wants to do that.

14 DR. LYLES: And I think this is a
15 reasonable approach, by the legislature.

16 JUDGE FADER: You mean you being
17 appointed, or...

18 (Laughter.)

19 JUDGE FADER: Okay. All right. That's
20 good.

21 DR. LYLES: If you give the legislature

1 options and take --

2 JUDGE FADER: They're going to insist on
3 it because we don't have any money.

4 DR. LYLES: Yeah.

5 JUDGE FADER: And anything that they do
6 is going to be based upon what Georgette and
7 Michael can come up with, as far as funding, or
8 prospects for the future, or Bruce, and Dave, and
9 what they have for the future and how long that
10 program is. They're going to be very mad at us
11 if we don't give them those options.

12 DR. LYLES: And apart from just the
13 economic approach, you've got a geographical
14 presence, too.

15 JUDGE FADER: Okay.

16 DR. LYLES: And this brings in the entire
17 state, from a representative point of view.

18 JUDGE FADER: Does anybody have any other
19 comments about that?

20 Can we just do that, then and have Bob
21 accept at least two other people that would help

1 him, with regard to that, and put all that
2 together as quickly as you possibly can?
3 Volunteers, anything of that sort?

4 By the way, on this one issue of
5 identification, meaning national identity cards
6 and things of that sort, I'm in contact with
7 Jonathan Acton, who is the attorney in charge of
8 the Motor Vehicle Administration. And, as of
9 June 1st, there is a requirement in Maryland that
10 all passports, etcetera, and things of that sort,
11 be of a special quality to come into federal law.

12 I think the Motor Vehicle Administration
13 probably offers the best chance of making State
14 identification cards necessary. And I'm talking
15 with him and going to go over to see him to talk
16 about what about the poor people who can't afford
17 to pay the MVA fee? What about the disabled
18 people that can't get to the MVA? Has there been
19 any provision for them, and the alternatives.

20 And then I think we need to go to
21 Virginia, and to Pennsylvania, and to Delaware to

1 see if they have any like systems that would
2 coordinate with Maryland's, because I rather
3 suspect that they do. Jonathan knows more about
4 that than I do. Probably people in the Motor
5 Vehicle Administration know more about than he
6 does.

7 But if the MVA can be that entity, which
8 I think they probably can, for the identification
9 card and people can be required to have that
10 card, or a license, when they go to get a
11 prescription filled that would solve a devil of a
12 lot of problems.

13 And with your permission, I'd like to
14 pick up on that, myself, and maybe choose one
15 other person to come along and see. That would
16 be good but the legislature's going to be very
17 interested in what about the people who are not
18 ambulatory? How are they going to get this?
19 What about the people that can't afford the
20 twenty dollars to do this? What are they going
21 to be able to do? We need to have those answers

1 to those questions.

2 DR. WOLF: Judge, most of those
3 people -- I don't know how good the cards are but
4 most of them have medical assistance photo ID
5 cards. I don't know how easy it is to
6 counterfeit one of them and how accurate the data
7 is, but most of the people that you're
8 describing, this demographic, have photo ID
9 medical assistance cards.

10 JUDGE FADER: I think that that's
11 probably a good observation, but the situation is
12 that I don't think that this plan is going to be
13 able to work to its fullest extent unless we
14 insist upon some identification card that
15 everyone in the State of Maryland can use, that
16 would be coordinated with the other states,
17 because everybody pretty much feels that unless
18 we do something tri-state, quad-state, something
19 of that sort, so, Marcia, I would look into all
20 of that. Is that okay? I would take that
21 subject?

1 Okay. Anybody else interested in that?

2 All right.

3 The second, which is a real big thing and
4 I don't know whether to break this up, is access
5 and security. Who is going to have access to the
6 system? Ramsay is not here but I know that he
7 has to be on that committee or he would be very,
8 very upset.

9 But, I mean, who is going to have access
10 to the system? When and under what circumstances
11 are they going to have access? What is the
12 system security going to be? It seems to me that
13 Bruce and David know an awful lot about that,
14 too. So that's a big category but I'm looking
15 for somebody who wants to step up.

16 And I also want to ask, before we do
17 that, who out there is -- want to add to that,
18 get any comments on that, anything of that sort,
19 but, certainly, that's one of the big things that
20 the -- I mean, we have to have some sort of real
21 strong input on that, because the legislature is

1 going to rely upon us to tell them what the
2 problems are.

3 So access to the system. Who?
4 Pharmacists? Physicians? Law enforcement
5 personnel? Board of Pharmacy, things of that
6 sort? Who? When? And under what circumstances?
7 Do you need a complaint filed first or can Linda
8 Bethman just get on her computer and find out,
9 because John Fader made a ruling against her the
10 other day, what is he doing? I still disqualify
11 myself for everything for the department. But
12 the things of that sort.

13 What the security of the system is going
14 to be? What the problem with the Virginia's
15 system was? If any other states had problems and
16 breaches, which I don't know any of the other
17 ones have had. And David, certainly, gave a good
18 presentation of the security of your system and
19 how it's going to work, and all that sort of
20 stuff. So it seems to me that Bruce and Ramsay
21 need to be a part of that committee, if not the

1 ones that come forth and everything.

2 Anybody have any comment on anything else
3 in that system? In that category.

4 DR. WOLF: I mean, it seems like that's
5 going to be your biggest committee because that's
6 where the law enforcement, and the lawyers, and
7 the physicians --

8 JUDGE FADER: Yes.

9 DR. WOLF: -- everybody wants a piece of
10 it.

11 FEMALE SPEAKER: The Board of Nursing
12 would be very interested in being on that
13 committee --

14 JUDGE FADER: You're there! You want to
15 volunteer to head it?

16 FEMALE SPEAKER: We have a lot of
17 cases -- yes.

18 JUDGE FADER: Yeah, I understand you have
19 five hundred cases pending. Somebody told me
20 that. A little birdie.

21 FEMALE SPEAKER: They are cases just

1 waiting to be heard.

2 JUDGE FADER: That's what I hear.

3 FEMALE SPEAKER: (Inaudible).

4 JUDGE FADER: Want me to get in there, in
5 three or four days and straighten them out?

6 FEMALE SPEAKER: I'd love it.

7 (Laughter.)

8 JUDGE FADER: Okay.

9 FEMALE SPEAKER: You're welcome, any
10 time.

11 JUDGE FADER: Well, what you need is a
12 judge that knows how to run a criminal docket, in
13 the District Court, okay? And I've got a few of
14 them that could take care of that real quickly.
15 They might not listen to everything everybody
16 wants to say but -- okay. Board of Nursing, this
17 is fine. Okay.

18 MALE SPEAKER: And David and I will be
19 happy to support that effort, as well.

20 DR. WOLF: I'd like to, as well.

21 JUDGE FADER: Okay.

1 All right, who wants to be the head of
2 this, with the responsibility, Marcia?

3 DR. WOLF: Are you still breaking it up
4 into two?

5 JUDGE FADER: I'm not. I'm asking what
6 you want to do as far as breaking it up. I,
7 frankly, just listed it all at once because I
8 don't see how you can break it up, but I don't
9 know.

10 DR. WOLF: Because security is more of
11 the IT --

12 JUDGE FADER: Well, security, you know,
13 is going to be David coming in and trying to tell
14 us what they're going to do, and giving us the
15 benefit of what other states have done.

16 David, you have a pretty good idea as to
17 what has been tried in the field and not
18 successful and successful, right?

19 DAVID: Yes.

20 JUDGE FADER: Okay, and when David sits
21 down and talks to me about that because everybody

1 knows he's smart as Hell but I've got to put this
2 in Highlandtown language so that my cousin,
3 Wayne, can understand it.

4 Sometimes, with great respect to you,
5 David, you need to learn how to speak
6 Highlandtown a little bit more.

7 (Laughter.)

8 JUDGE FADER: Or as Dale Cathal
9 (phonetic) would say, Worchester County. But
10 I'll have to take care of that.

11 MS. BETHMAN: Is security part of
12 database, more than part of access, if we're
13 talking about it strictly from a nuts and
14 bolts --

15 JUDGE FADER: It's part of probably both.
16 I could have put it in database but I thought
17 access and security. And if they feel that it
18 should go over there, that's fine. I don't care
19 where you put it, either in database or in
20 security, or in access. I just don't know.

21 MALE SPEAKER: Well, we're probably going

1 to have some overlap, then.

2 JUDGE FADER: Okay, well then --

3 MS. BETHMAN: Why don't we split it out?

4 JUDGE FADER: You say somebody taking
5 security?

6 MS. BETHMAN: Yes.

7 JUDGE FADER: Well, the head person on
8 that would be David and Bruce, as the chief cook
9 and bottle washer.

10 Can you two handle and just take that and
11 tell us everything about security that you're
12 doing?

13 Okay.

14 David, I lean down -- some of the
15 physicians that testified before me and some of
16 the other people and I have done this in Court
17 may times when they start with all this stuff.
18 And I say "das verstehen Deutsch?" And they say
19 what's that say? I say do you understand German?
20 No. I said, well, the jury doesn't understand
21 what you're talking about, either, okay. And

1 that has been remarkably successful in changing
2 some people around.

3 Do you want me to get my push and touch
4 from my cousin Wayne?

5 DAVID: I'll spend some time in
6 Highlandtown.

7 JUDGE FADER: Okay. Okay. I mean,
8 'cause seriously, we need to work on that. And
9 it's the same thing as when you go into a Best
10 Buy or something of that sort.

11 So, David, would you and Bruce try to
12 work something out with regard to that?

13 MALE SPEAKER: The people who run the
14 Segius over there have, as you know, have a
15 pretty effective security operation --

16 JUDGE FADER: That would be something to
17 look for, if you will, David, with that. I
18 forgot all about that.

19 MALE SPEAKER: I can interface through
20 the department, through the secretary, and see if
21 we need a --

1 JUDGE FADER: Will you help David and
2 Bruce with that?

3 MALE SPEAKER: Absolutely.

4 JUDGE FADER: Okay. That's a good
5 suggestion, Linda. Thank you.

6 Security's out. Access is in, okay? Do
7 I hear a volunteer, Marcia?

8 DR. WOLF: That's fine.

9 JUDGE FADER: Okay. That's nice. Okay.
10 See, okay. She's never been in the Army but --

11 DR. WOLF: I know when I've been
12 (inaudible).

13 JUDGE FADER: Yeah, that's it. And
14 listen, we would very much appreciate it, and you
15 tell us who you want to go along with you.

16 DR. WOLF: I'm sure Ramsay, like you
17 said.

18 JUDGE FADER: Yeah, the police officer
19 down there, who just spoke, needs to be included
20 in all this sort of stuff, too. Is that okay?

21 MALE SPEAKER: That's fine.

1 JUDGE FADER: Domicile? Where's it going
2 to be? Somebody has to report back because
3 they're going to want alternatives. I think it's
4 going to be in the Department of Health and
5 Mental Hygiene, with drug control. But the
6 legislature's going to want to know how we
7 arrived at that at that decision. And I guess we
8 can have the president of the Board of Pharmacy
9 send us a letter and say, as to the Board of
10 Pharmacy, over my dead body, okay, and things of
11 that sort. But they're going to want to know who
12 is going to be able to do that.

13 And it just seems to me, Georgette, that
14 if you can take one other person along with you
15 and work up something on that -- I mean, anybody
16 else have any other idea where it would be? In
17 any other --

18 MALE SPEAKER: I encourage you to look at
19 not just how we've looked at it in the past,
20 as -- I think the words you used yesterday were
21 "a digital file cabinet," but look at it from the

1 point of a view of a distributed database. And
2 now we're moving into the future of databases and
3 file computing, and so forth. Is there an
4 advantage for even the patient to be custodian of
5 the data, so that when they look at it and they
6 know that law enforcement's going to look at, are
7 they more inclined not to be so abusive, per se?

8 But, you know, looking at the database
9 from a little different point of view than just
10 the digital file cabinet.

11 JUDGE FADER: Well, Bruce, you say that
12 it's going to be looked at on the federal level.
13 Has there been any input on that level as to
14 where it's going to be reposed. I mean, right
15 now, it's in the Office of the Attorney General
16 of the United States of America.

17 MR. KOZLOWSKI: I think your statement
18 earlier is a good statement. We ought to
19 approach this from an (inaudible) perspective.
20 And it's going to take development time for us
21 to, in any way, and it's going to take even more

1 time from a federal standpoint. But we'll have a
2 better sense of whether they're going to move or
3 not move, as we go through this development
4 phase. And we can always make adjustments in the
5 future.

6 JUDGE FADER: Well, Ray and I have tried
7 too many cases not to know that one, when we're
8 sitting down there at the legislature, they're
9 going to say has anybody looked into the federal
10 government? Do they have any plans, and
11 everything? And, of course, the answer is going
12 to have to be yes, we have, and there's nothing
13 on board, or there is, or there's something of
14 this sort.

15 MALE SPEAKER: And we'll follow up with
16 them to make sure that we've got a sense of where
17 they're going.

18 JUDGE FADER: Okay. Who wants to then do
19 this -- anything else with the domicile?

20 Rai, how about you helping Georgette with
21 that because you, certainly, have had an awful

1 lot of rapport, information, experience with --

2 MS. FORREST: Okay.

3 JUDGE FADER: Okay. All right.

4 Yeah, yeah. And you can contact the
5 federal people and see if they have any input in
6 this, on the federal scale, or anything of that
7 sort.

8 MS. FORREST: Okay. I can do that.

9 JUDGE FADER: Okay. Funding? The
10 question is, I mean, I have all sort of things in
11 my folder that have been obtained from me for the
12 funding of Kentucky and a lot of other states and
13 anything of that sort. And who's going to help
14 Michael with that, because Michael's the money
15 man?

16 Anybody? I know that that's not the most
17 sexually exciting topic on the table but somebody
18 has to jump in and kind of help with that. I
19 would love to have a law enforcement person that,
20 too, because law enforcement is constantly going
21 after money, from all sort of sources, to find

1 out what's available, and -- aren't they?

2 Okay. Aren't they?

3 MALE SPEAKER: Always, Judge.

4 JUDGE FADER: Okay. I mean, seriously.

5 I mean, if you had to depend upon the legislature
6 for anything, you wouldn't get a lot done.

7 Can you help Michael?

8 MALE SPEAKER: Sure.

9 JUDGE FADER: Okay, just -- Sandy
10 O'Connor used to tell me about all the stuff with
11 state grants and things of that sort. If people
12 can consult with David as to his perspective on
13 that -- you ought to sure know where the money
14 is, too.

15 DAVID: Yeah, I was just going to suggest
16 that one of the modeling (inaudible) give you my
17 information (inaudible).

18 JUDGE FADER: Don has volunteered. Thank
19 you, Don.

20 DON: You're welcome, Judge.

21 MALE SPEAKER: Judge, do you know the

1 conversation in Towson headquarters has a
2 (inaudible) up here that is well-versed in
3 grants, particularly in the law enforcement
4 field, and they coordinate most of the law
5 enforcement grants.

6 JUDGE FADER: So you'll talk to --

7 MALE SPEAKER: I can do that, also.

8 JUDGE FADER: -- Michael about that?
9 Where it is?

10 Michael, do you mind, with everything
11 else that Secretary Calmers (phonetic) is having
12 you do? Okay? Michael, isn't this a big part of
13 what you do? Or your office does, or knows how
14 to do?

15 MICHAEL: I'm sorry?

16 JUDGE FADER: The funding?

17 MICHAEL: What we're going to have to do
18 is look at the costs of the proposals.

19 JUDGE FADER: Yeah. Yeah. It just seems
20 to me --

21 MICHAEL: And the legislature likes to

1 see that.

2 JUDGE FADER: Yeah, and that's the reason
3 that I would like you to head this because you
4 know more what they want than anything else.

5 MICHAEL: And we're sort of, I guess, at
6 the end. Once all the various systems are
7 described, then we can propose what the cost of
8 each would be.

9 JUDGE FADER: Okay.

10 MICHAEL: For example, if it were housed
11 at DHMH, at a secure data center, for example, it
12 would probably cost less than if we had it in a
13 cloud computing system, in Minnesota, by a
14 vendor.

15 JUDGE FADER: Well, the situation is it
16 seems to me that you're the best one to do that
17 because you know what the questions are, and I
18 don't. I just know this -- that Georgette has
19 obtained an awful lot of information as to
20 funding sources that are out there, and she's
21 done that in cooperation with you. Secondly, the

1 person that knows how to raise money more and
2 where to go for sources for law enforcement
3 personnel are the police.

4 Anybody know my friend, Sandy O'Connor?
5 She was on that State board. You know Sandy?
6 And she was constantly on that State system, and
7 I guess you know pretty much all about that, too.

8 MALE SPEAKER: Well, somewhat. Between
9 federal experience and now with the Department of
10 Public Safety, I've had a good bit of experience
11 getting some funding.

12 JUDGE FADER: All right. Well, if you
13 can shoot me an email I'll get you Sandy's home
14 telephone number, but there's a State board for
15 criminal justice. I can't remember what it's
16 called anymore. It has a lot of money that can
17 come up with (inaudible) and perhaps you can --
18 then I can get that to you and ask you to call
19 her at home. I'll call her first to make sure
20 that it's okay.

21 DR. WOLF: One of the things that we're

1 ignoring in this whole thing is the REMS
2 programs. They are up and they are going to be
3 running. And they are databases that are going
4 to be held at third party vendors, for the
5 pharmaceutical companies, as a database of who,
6 what, where, how much, what doctor -- the
7 patients are going to have to register and the
8 physicians are going to have to register in order
9 to get their C2 medications.

10 MALE SPEAKER: What is the program?

11 DR. WOLF: They're called REMS, R-E-M-S,
12 which means -- I brought some information with
13 me, today. Risk Evaluation and Mitigation
14 Strategies. It's basically an FDA program.
15 They've already started it with the immediate
16 release C2's that are being released. Anybody
17 that has to go back for either a new indication
18 or an expanded indication, they are making them
19 implement these REMS Systems. And all of the C2
20 manufacturers that manufacture long acting
21 opiates, whether it's MS-contin or whether it's a

1 new branded product, are going to have to -- they
2 have a deadline when they have to, together, come
3 up with a REMS program that will be implemented,
4 as a database system.

5 JUDGE FADER: Well, I can only tell you
6 that I am really interested in that since you
7 told me about it and I didn't know. So I would
8 like to try to make some contact with the FDA, go
9 over there, see where they are and then get some
10 information and some volunteers to help with
11 that.

12 But the long and the short of it is that
13 the FDA has told everyone that, by the way,
14 doctor, we're now in the business of telling you
15 how to prescribe, and what to prescribe, and
16 when, and under what circumstances to prescribe
17 certain drugs. And --

18 DR. WOLF: They haven't told the
19 physicians, yet. They've told the pharmaceutical
20 companies.

21 JUDGE FADER: I understand all that, but

1 is there any doubt in your mind that it's coming?

2 DR. WOLF: No. It will be here next
3 year.

4 JUDGE FADER: Okay. All right.

5 DR. WOLF: Part of it's here, already.

6 JUDGE FADER: Okay. So I just have sent
7 you a "talk to me about that." I've gotten very,
8 very interested in that, and I kind thought that
9 Linda Bethman would come along with me because
10 she doesn't have enough to do, and help with
11 regard to that. And maybe Don. And see what we
12 can look into it, as three pharmacists that are
13 interested in that because I think we need to pay
14 a visit to the FDA over there, and see, from
15 their standpoint, what they think this is all
16 going to lead to. And then check it with
17 somebody else to make sure that -- so nobody
18 yells out when we're making our presentation to
19 the legislature, "liar." Or something like that.

20 (Laughter.)

21 FEMALE SPEAKER: Judge, there's a REMS

1 task force in place that's trying to influence
2 this process.

3 JUDGE FADER: Whose task force?

4 FEMALE SPEAKER: I think it started with
5 something called the Pain Care Form, but it's
6 much, much larger than that, now. And there's a
7 guy --

8 JUDGE FADER: Can you get me information
9 on that?

10 FEMALE SPEAKER: Yes.

11 JUDGE FADER: Anything else, then?

12 DIFFERENT FEMALE SPEAKER: Well, I don't
13 know if this would go along with the access
14 group, but the reporting requirement, who
15 reports. In our discussions the last meeting --

16 JUDGE FADER: Yes.

17 FEMALE SPEAKER: -- there were these huge
18 exemptions, or proposed exemptions to the
19 reporting requirements, and how often, is it real
20 time, every other week, or is that feasible
21 (inaudible).

1 JUDGE FADER: That's all as far as the
2 databases are concerned.

3 FEMALE SPEAKER: That's the database?

4 JUDGE FADER: Yeah, and who's going to
5 report in. Look, everybody wants real time. The
6 question is how affordable it is, who's in real
7 time, now? My understanding is nobody. And how
8 soon is it going to take to get there?

9 MALE SPEAKER: And what are the required
10 elements?

11 JUDGE FADER: Yeah.

12 MALE SPEAKER: That need to be reported?

13 JUDGE FADER: But isn't that all part of
14 the database situation?

15 DIFFERENT MALE SPEAKER: Should be.

16 JUDGE FADER: Okay.

17 MALE SPEAKER: Real time -- best example
18 of it is Napster. I can pull down music from a
19 thousand different sources, assimilate it into
20 one song, and I've got something that's
21 functional.

1 The medical IT industry is way, way, way
2 behind.

3 JUDGE FADER: Yeah, of course, the
4 situation with regard to all of this, too, is
5 it's not only Napster but it's --

6 FEMALE SPEAKER: It's American Express.

7 JUDGE FADER: It's American Express.
8 It's VISA. I had , three or four years ago,
9 something with regard to a Dodge Caravan that we
10 owned, that we needed to have a transmission
11 replaced. Chrysler had every single repair
12 incident and everything else, on us, going back
13 twenty years, right on their computer. If they
14 can do all of this sort of stuff, with all of
15 this, why can't that type of software be used as
16 a basis to do the other things? I mean, I don't
17 know the answer to that question.

18 Don?

19 DON: I think the real time, since we're
20 on that subject, there's two issues with real
21 time. The first is real time access. The second

1 issue is putting information into the system,
2 where that has to be done as it occurs or whether
3 it can be done weekly, monthly, bi-weekly,
4 whatever. But I think we need -- real time, you
5 have to look at two issues. The first issue is
6 getting information into the system, how often
7 that has to be done. The second issue is access
8 to the system in real time.

9 So I think it has to be broken down into
10 two distinct areas.

11 MALE SPEAKER: So your information access
12 could be real time, in query, but it doesn't mean
13 that the database is up to date. For example,
14 Virginia is typically, I think about two weeks
15 back. So...

16 DON: And some of the states are even a
17 month back, as far as inputting access. Even
18 though your access at the user end is real
19 time ---

20 MALE SPEAKER: Right.

21 DON: The information that's there may

1 not be the most up to date (inaudible).

2 JUDGE FADER: Well, can I ask you a
3 question with regard to Sure Scripts. There's a
4 pharmacy. It's a CVS pharmacy. It's some other
5 type of pharmacy. It automatically puts that
6 information as to what prescription John Fader
7 got filled, into the system. How soon is that
8 available to another pharmacist, somewhere, that
9 wants to look at that?

10 MALE SPEAKER: It's available to a
11 provider, I know, within twenty four hours.

12 JUDGE FADER: Okay.

13 MALE SPEAKER: I can pull it up the next
14 day, or -- I've had patients that filled their
15 prescriptions in the evening and the next morning
16 they call in and say they lost them and I can
17 pull it up and see that they've actually filled
18 them.

19 JUDGE FADER: Yeah, well, of course,
20 that's why my wife says that the pharmacy that
21 she works that any time you have a CDS Number 2,

1 that a single pharmacist is not allowed to count
2 that. It must be counted and it must be
3 initialed by someone else, it must be put in the
4 bag so that there are two people there that see
5 what's happening because all the people come back
6 and say somebody stole it, or I lost it on the
7 way home, or things like that Neal Acox
8 (phonetic), she works for, is not satisfied
9 unless you do that.

10 DR. WOLF: But talking about the real
11 time input still gets us back to this file
12 cabinet idea where we're creating our own
13 database, as opposed to using all the information
14 out there. I mean, I can call and find out what
15 time the patient signed for the pills, and picked
16 them up, and who picked them up.

17 That data is all there. The question is
18 whether we can use something, again, like a
19 Google search or a Napster type of software --

20 JUDGE FADER: And we don't know the
21 answer to that. But one of the things that we're

1 all saying is we're wondering why the medical
2 industry is having so much difficulty with not
3 going to real time when some many other things --

4 DR. WOLF: Because there's no profit it
5 in.

6 I wonder, you know, if your CVS
7 prescription is being, essentially, dumped into
8 SureScripts so that you can pull it up, within
9 hours.

10 JUDGE FADER: Yeah. Overnight.

11 FEMALE SPEAKER: Isn't there a way they
12 could also be dumped into the database that we
13 want, without incurring a great deal more costs,
14 is that what you're saying, Marcia?

15 DR. WOLF: No, that's not what I'm
16 saying.

17 FEMALE SPEAKER: No?

18 DR. WOLF: No.

19 FEMALE SPEAKER: I mean, because we want,
20 apparently, the legislature wants us to have a
21 database, but if the information's there maybe

1 the question really isn't what do we create but
2 it's how do we access and then --

3 DR. WOLF: But the information that's
4 there is not formally verified.

5 MALE SPEAKER: Part of the challenge is
6 that it's dumped, but then from that file box
7 it's then sent somewhere else, on a periodic
8 basis and there isn't the interconnectivity and
9 interfaces between all these various health
10 plans, PBM's, necessarily, the independent
11 pharmacists for real time access.

12 JUDGE FADER: Let me ask you -- all of
13 the patients the Kaiser-Permanente -- what do --
14 I think you have eight or nine percent, seven or
15 eight percent of all the business in the country,
16 or something, I can't remember what it is, okay,
17 but isn't that all in one database?

18 MALE SPEAKER: Yeah.

19 JUDGE FADER: That somebody that's in
20 Florida, for Kaiser Permanente, or California,
21 it's all there, what the prescription was and

1 everything like that?

2 MALE SPEAKER: There's a local database
3 in each region, but I do believe there is a
4 central data base --

5 JUDGE FADER: Okay, then why does that
6 work and so many states have so many problems
7 with other (inaudible)?

8 MALE SPEAKER: Well, because we're
9 connected to do that like other health plans may
10 be connected with the PBM they contract with to
11 do that. But our database is not connected with
12 the PBM database, and that's where you don't have
13 interconnectivity.

14 JUDGE FADER: Okay, but the situation is
15 that if the model is there to do it, that's the
16 question, and everybody has a VISA bill, okay,
17 and there are a lot of people, such as Mrs.
18 Fader, who have many more charges on their VISA
19 bill every month than prescriptions that she gets
20 billed. Okay. Why, in that situation, can't
21 some note be made of that?

1 I mean, these are all questions that are
2 going to have to be --

3 DR. WOLF: And just building on that
4 credit card analogy, why is it that American
5 Express -- I'm going to tell you a story -- could
6 call my husband and let him know that there was
7 an unusual charge on our account before I got
8 home with the charge?

9 JUDGE FADER: VISA and MasterCard has
10 done the same thing to my wife.

11 DR. WOLF: Right.

12 JUDGE FADER: When she was in an airport,
13 in Detroit, she makes a charge for gas, she makes
14 a charge in the airport, she comes home and she's
15 pay for her parking with the bill, and by the
16 time she gets home, I'm saying to her "VISA just
17 called and needs to talk to you."

18 Now, why, if that occurs, can't --

19 DR. WOLF: Exactly.

20 JUDGE FADER: And I don't know the
21 answers to these questions. I just know that

1 they're valid questions.

2 DR. WOLF: This is not new technology,
3 because, quite frankly, the story I just told you
4 was when I bought the dress for my daughter's
5 wedding and she's been married for five and half
6 years.

7 FEMALE SPEAKER: So none of that
8 information is protected, then? And it's very
9 easy for them to call and do anything and say
10 anything --

11 DR. WOLF: It's not HIPPA protected,
12 but --

13 FEMALE SPEAKER: No, because --
14 especially if they're calling and it's your card,
15 and they're talking to some man on the other end
16 of the phone -- they have no clue who he is. And
17 they're just giving you information about you
18 and --

19 JUDGE FADER: Well, to a certain extent,
20 that financial information is protected --
21 loosely, but, at the same time, protection is

1 another issue. It's the ability for them to do
2 that, Frank.

3 FRANK: As far as SureScripts, when you
4 sign that you accept health insurance, you give
5 them the permission to transfer your data into
6 just about anything they want to do with it.
7 Now, is that HIPPA compliant?

8 FEMALE SPEAKER: It's in the contract.

9 FRANK: It's in the contract.

10 JUDGE FADER: All right, but all these
11 are things that the legislature and everything is
12 going to want to know.

13 Any other categories? Let me go through
14 them again. We have, number one, which is
15 database. Number two is access. Number three
16 is security. Number four is domicile. Number
17 five is funding. And numbers six is REMS.

18 FEMALE SPEAKER: Education. Penalties.
19 Liability. Committee. What do they do with the
20 data once they've got (inaudible).

21 DIFFERENT FEMALE SPEAKER: Education

1 meaning (inaudible)?

2 FEMALE SPEAKER: The people that are
3 going to get their hands on the data.

4 JUDGE FADER: Yeah, there's going to have
5 to be an education type of course, and that's
6 part of what the directive of the legislature is,
7 and I had forgotten all about that.

8 Let's kind of put that on hold for just a
9 little bit. Is that okay?

10 All right, I've got to find out if Medcai
11 is pretty big in education. I know they should
12 be. I'm not so sure that they are, but we'll
13 see.

14 Anybody else have any suggestions?
15 Anybody else have any comments? Anybody else
16 have any questions? Everybody okay to go ahead
17 with this?

18 Georgette, any chance we can have that
19 tape you're running with, get a tentative agenda
20 out within the next ten days as to what we all
21 talked about, and committees, and things of this

1 sort, and send that everybody?

2 MS. ZOLTANI: Okay.

3 JUDGE FADER: Okay. Okay.

4 MALE SPEAKER: I need volunteers.

5 JUDGE FADER: You have some.

6 MALE SPEAKER: Okay.

7 JUDGE FADER: But whoever you want.

8 DIFFERENT MALE SPEAKER: That's easy.

9 You're commissioner.

10 (Laughter.)

11 MALE SPEAKER: Okay. All right.

12 JUDGE FADER: I'm sorry.

13 FEMALE SPEAKER: It's okay.

14 JUDGE FADER: No, it's not. I should
15 have seen that. I guess that's going to make it
16 more difficult for you to write the minutes.

17 MS. ZOLTANI: That's right. Now, it
18 can't be ten days.

19 (Brief pause.)

20 JUDGE FADER: I can't remember what this
21 is called.

1 That's not it. This is old.

2 MALE SPEAKER: Yeah.

3 JUDGE FADER: Well, the easiest way to do
4 it is this. I am so sorry.

5 FEMALE SPEAKER: That's okay.

6 JUDGE FADER: I should have seen the --
7 (Brief pause.)

8 JUDGE FADER: Now, which one is this.
9 This is the -- Georgette, the 9/11 agenda.

10 MS. ZOLTANI: Right, and the minutes of
11 the last meeting. That's the one.

12 JUDGE FADER: Okay. I'm having trouble.
13 Do you remember? Can you see what this was
14 called? This was -- help me get this up on the
15 screen?

16 MS. ZOLTANI: (Inaudible).

17 JUDGE FADER: It wasn't April 17th?

18 MALE SPEAKER: July?

19 MS. ZOLTANI: July. Yeah, it's the --

20 FEMALE SPEAKER: Why don't you put the
21 date modified and then --

1 MS. ZOLTANI: July 17.

2 JUDGE FADER: Meeting agenda?

3 MS. ZOLTANI: It's in with the agenda.

4 (Inaudible).

5 JUDGE FADER: That's not it, either.

6 MS. ZOLTANI: It's right with the agenda.

7 The next one.

8 FEMALE SPEAKER: (Inaudible) until the
9 dates come up. (Inaudible).

10 (Brief pause.)

11 JUDGE FADER: Here, this is it. This is
12 it.

13 All right, I'm sorry I'm so much trouble.

14 FEMALE SPEAKER: That's the one. That's
15 the one.

16 (Brief pause.)

17 JUDGE FADER: Well, here we can discuss
18 this, now. We have, under this title of What
19 Will the Prescription Drug Monitoring Program
20 Look Like? we have discussed what information is
21 to be submitted, who shall be required to submit

1 the information, how will the information be
2 obtained. Who wants to discuss anything about
3 that?

4 FEMALE SPEAKER: I have one question. I
5 think the pro football thing is a good time to
6 bring this up. Who will have the authority to
7 change what we monitor? Is it going to take an
8 act of the legislature to add a drug (inaudible),
9 or can we just do it ourselves?

10 DIFFERENT FEMALE SPEAKER: (Inaudible)
11 database, what drugs are covered?

12 DIFFERENT FEMALE SPEAKER: It is should
13 be part of it (inaudible) the leeway to add
14 drugs, as we see fit.

15 DIFFERENT FEMALE SPEAKER: (Inaudible).

16 MALE SPEAKER: (Inaudible).

17 (Brief pause.)

18 FEMALE SPEAKER: Not just a drug, but any
19 additional data that we want to collect.

20 JUDGE FADER: Well, it's certain that we
21 can't let the legislature, by themselves, do it,

1 or we're going to be in big trouble. So we'll
2 have to find out what that's all about.

3 Okay. What else? How would the
4 information be obtained?

5 (Brief pause, inaudible overlapping
6 miscellaneous conversations.)

7 JUDGE FADER: All right. How will the
8 information be obtained? Well, that's the stuff
9 we were just talking about. I mean, doesn't the
10 information have to be obtained through the
11 prescriptions filled? Does anybody feel that the
12 physician should be involved with this, in their
13 office? I don't, but I don't know --

14 MALE SPEAKER: If it's a dispensing
15 provider. It doesn't matter who it is, if it's a
16 dispensing provider then they have to input the
17 information into the system. (Inaudible) more
18 than just a (inaudible). It's any dispenser.

19 FEMALE SPEAKER: But that (inaudible) and
20 everybody else (inaudible). They're going to
21 have to (inaudible).

1 DIFFERENT FEMALE SPEAKER: Well, that's
2 where the exempt (inaudible) all the exemptions
3 come in. (Inaudible) care.

4 JUDGE FADER: Right. Don and Linda, we
5 do have still a number of physicians, not that
6 many anymore, who dispense.

7 FEMALE SPEAKER: There's a lot.

8 MALE SPEAKER: There's a lot.

9 JUDGE FADER: How many?

10 FEMALE SPEAKER: And a lot of them aren't
11 MD's.

12 MALE SPEAKER: I think the last count I
13 had was something like six hundred. And that's
14 just physicians. That's not many providers.

15 FEMALE SPEAKER: There's a market out
16 there pushing physicians to try and dispense from
17 their offices. Some of them are set up like
18 pharmacies and some of them aren't.

19 JUDGE FADER: Okay, what else do you want
20 to say about this? Who will the authority to
21 determine the additions to the list?

1 MALE SPEAKER: One time, we discussed on
2 oversight. It seems to me that should be where
3 this would be.

4 DIFFERENT MALE SPEAKER: Wouldn't that
5 somehow be affected by the decision as to where
6 one's going to access the data from?

7 DIFFERENT MALE SPEAKER: Sure.

8 DIFFERENT MALE SPEAKER: Because there
9 are, if I recall that data, there are a number of
10 oversight groups already built into the
11 (inaudible) health records process. And they --

12 JUDGE FADER: All right, now, what would
13 an oversight group do? You're talking about
14 oversight. I remember Ramsay feeling very
15 strongly, and an awful lot of other people, that
16 we want to see if the legislature will not go for
17 a system where, at any time, the Board of
18 Physicians, the Board of Pharmacy, the Board of
19 Physicians, primarily, or law enforcement people
20 have a question about the propriety of this
21 particular medical dispensing that there would be

1 a group of people who would make a recommendation
2 and a statement to them, prior to discipline and
3 prior to criminal charges.

4 Now, that's the only oversight thing that
5 I can remember.

6 DR. WOLF: You have it listed, here,
7 under HG21-28s01, Advisory Council on
8 Prescription Drug Monitoring, title subject to
9 change. But it says "recommendations: the
10 council shall make recommendations to the
11 secretary for establishing a drug monitoring
12 program that (inaudible) assist the healthcare
13 providers and law enforcement in the
14 identification, treatment, and prevention of
15 prescription drug abuse and the identification
16 and investigation of unlawful prescription drug
17 purchase, promotes appropriate and real time
18 access to prescription monitoring data, by
19 dispensers and prescribers to help prevent the
20 abuse and diversion."

21 MALE SPEAKER: (Inaudible) the policy

1 (inaudible) administering (inaudible) some of the
2 community (inaudible) of an advisory board or an
3 oversight group would be to monitor policy --
4 things like access, authorization, abuse of the
5 reporting who can have it and under what
6 circumstances, whether or not it's a regulation
7 (inaudible) that new drugs can be added or taken
8 off the list, that the oversight board would then
9 approve any additions or changes to the data that
10 (inaudible).

11 DIFFERENT MALE SPEAKER: Judge Fader, in
12 thinking in context of your earlier question,
13 what I recall being done with cases -- and there
14 were judgment calls related to somebody's modus
15 operandi in their practice -- a group of peers
16 would be brought in. There would be a blind case
17 review. They would not know who they were
18 reviewing information on, and they would evaluate
19 and opine as to whether or not they felt it was
20 appropriate or questionable, as a guidance.

21 Bob, do you recall? I think that's

1 pretty (inaudible).

2 BOB: What we talked about -- and this
3 was, again, this goes back three years, four
4 years --

5 JUDGE FADER: But this subject that
6 Marcia just read to us, is different.

7 DR. WOLF: That's actually only part of
8 it. It also talks about what law enforcement
9 should -- how they should be educated, as to what
10 the data may or may not mean, "identify the
11 circumstances under which they can be" -- well,
12 that's part of (inaudible).

13 JUDGE FADER: Well, but all it's asking
14 us to do is to recommend a policy committee to do
15 that. And the question is, who's going to be on
16 that policy committee? Well, addiction people
17 are going to have to be there. Who else?

18 DR. WOLF: How about Medcai?

19 JUDGE FADER: Who else?

20 MALE SPEAKER: I would look at the
21 specialty groups, in addition to addiction.

1 PM&R, and anesthesiology.

2 JUDGE FADER: How about the pain people?

3 DR. WOLF: Well, that is the pain. PM&R
4 anesthesiology, addiction (inaudible).

5 JUDGE FADER: But I mean --

6 DR. WOLF: The oncologists?

7 JUDGE FADER: No. American Cancer
8 Society. People of that sort. There should be
9 some advocacy group there.

10 DR. WOLF: But I don't think it should be
11 tied to a particular disease. I think there are
12 pain groups that (inaudible).

13 JUDGE FADER: Pain Connection? Things of
14 that sort?

15 DR. WOLF: Or -- yeah, the Maryland Pain
16 Initiative would be perfect.

17 JUDGE FADER: All right, well, I think
18 they just want a recommendation from us as to who
19 should be on there. Would Pharmacy really have
20 anything to do with that? I mean, we do pick up
21 pharmacists that have problems.

1 DR. WOLF: Can you put PMR, in there,
2 too? I'm sorry.

3 JUDGE FADER: PMR?

4 DR. WOLF: PMR. Mm-hmm.

5 MALE SPEAKER: I would recommend just
6 health boards because I think all of the boards
7 have some need to be there.

8 DR. WOLF: (Inaudible)? Is that almost
9 contradictory?

10 FEMALE SPEAKER: Is this for interpreting
11 the data?

12 DR. WOLF: Yes.

13 MALE SPEAKER: Yes.

14 JUDGE FADER: No, I don't think so.

15 DR. WOLF: And making recommendations
16 (inaudible).

17 JUDGE FADER: This is for -- there are
18 two types of oversight boards. We're, first of
19 all, talking about what Ramsay has been very,
20 very interested in, is the Board of Pharmacy or
21 the Board of Physicians, or the Maryland State

1 Police make an inquiry. They have a complaint.
2 So they want to come into the database. And they
3 want to see whether or not the particular
4 practice of this physician merits any charges.

5 Now what Ramsay wants, in that situation,
6 is a board of physicians who can give the
7 prosecutor, or the Board of Pharmacy, or the
8 Board of Physicians a recommendation as to
9 whether or not this is good medical practice, it
10 isn't good medical practice, so that they can
11 have the benefit of that recommendation before
12 they make charges.

13 FEMALE SPEAKER: I don't think the board
14 should be in --

15 DIFFERENT FEMALE SPEAKER: Okay, so the
16 Board of -- are physicians going to advise the
17 physicians whether it's good medical practice?

18 DR. WOLF: Now, it's a matter of looking
19 at the data and saying does this data warrant
20 action?

21 FEMALE SPEAKER: But wouldn't the

1 Physicians Board know that?

2 JUDGE FADER: Well --

3 DR. WOLF: Well, if they're calling it an
4 inquiry and then they're saying --

5 JUDGE FADER: Okay, I'm not so sure the
6 Physicians Board would know that, to answer your
7 question.

8 MALE SPEAKER: (Inaudible) come to us,
9 independently.

10 JUDGE FADER: Here's the situation.

11 FEMALE SPEAKER: So there'd be a
12 recommendation coming out of this?

13 JUDGE FADER: Well, it would be people
14 who are schooled in pain management and treating
15 people with pain recommending something, as
16 opposed to the Board of Physicians, who maybe
17 want to charge somebody.

18 Board of Physicians have all sort of
19 people on the board who really don't know a lot
20 of stuff. I mean, what's a dermatologist know?
21 Things of this sort.

1 DR. WOLF: (Inaudible) onto peer review.

2 JUDGE FADER: Well, but Ramsay wants, and

3 I --

4 DR. WOLF: No, he wants data mining.

5 JUDGE FADER: Yeah.

6 DR. WOLF: And in order to use this for

7 data mining you then need someone to counsel

8 them, what the data means, once it's been mined.

9 JUDGE FADER: Yeah.

10 DR. WOLF: I think we're confusing that

11 with them coming with a specific inquiry on a

12 specific physician. They don't need to go

13 through the committee to get the data on a

14 specific inquiry. Where they need the committee

15 is when they're data mining. And that's what he

16 really wants (inaudible).

17 JUDGE FADER: Well, I'm not so sure that

18 that's correct. My conversations with him are

19 that it's on a specific case. When the Board of

20 Physicians, when the Board of Pharmacy, when

21 prosecutors have a question and say we want this

1 information, then the people that are schooled in
2 pain, because this is what your complaint is,
3 Marcia, that you're an orthopedic surgeon. What
4 in the Hell do you know about this, okay. Would
5 be able, in that position, to make a
6 recommendation, that no, this is not good medical
7 practice, by any wild stretch of the imagination,
8 or it could be, or it is.

9 The Board of Nursing wants to say
10 something about that.

11 MALE SPEAKER: I think we're trying -- we
12 want to have -- sorry.

13 FEMALE SPEAKER: I'm confused as to what
14 this advisory committee does. If you're using
15 the Board of Physicians as an example and they
16 have a complaint, they want to know if the
17 person's been diverting or prescribing
18 improperly -- we have the same situation. We
19 have nurses that divert all the time. So are we
20 going to be able to use this without going to an
21 advisory council?

1 DIFFERENT FEMALE SPEAKER: Well, that's
2 the issue.

3 JUDGE FADER: That's the issue.

4 DIFFERENT FEMALE SPEAKER: That is the
5 issue, because right now we can send a subpoena
6 and CVS will send us a whole drug profile, in
7 days. And if we now have to go to a database and
8 make it so complicated that it's going to delay
9 things that's not going to help anybody.

10 JUDGE FADER: It's another -- but there's
11 also -- they wanted other recommendations. They
12 want us to recommend a group of people that would
13 advise as to how the education process, the
14 physicians, and pharmacists, and lay people
15 should (inaudible), how different things should
16 or should not be -- what do I want to say --
17 should or should not be added to lists, or
18 something.

19 After this is implemented, they want an
20 advisory committee that would be able to handle
21 all aspects of change, whether or not to

1 recommend regulations, whether or not to
2 recommend a change in the legislature. That's
3 what Marcia just read. But that's entirely
4 different from what Ramsay is talking about.

5 MALE SPEAKER: Yeah, and I'd like to
6 clarify that Ramsay (inaudible).

7 JUDGE FADER: I'm sorry we keep taking
8 his name and he's not here.

9 MALE SPEAKER: Yeah --

10 JUDGE FADER: But that's his fault.
11 He'll attend the next meeting.

12 MALE SPEAKER: (Inaudible) that exists
13 here and what he was trying to transfer in his
14 requests. The medical society is going to be all
15 over this data mining. It ain't going to happen.
16 You know, we're going to be down to the
17 legislature and we will get, you know -- what
18 you'd really like to have is if you have an
19 ongoing investigation, we want to support you
20 guys. We want to support the board.

21 What happens now is that if you have a

1 complaint it goes to the board. The board
2 basically reviews it, sends it out to independent
3 evaluators, evaluations go back to the board.
4 The board has the discretion, at that point, to
5 either ignore the evaluations and proceed, or it
6 can take the evaluations and dispose of the
7 complaint. Isn't that right?

8 FEMALE SPEAKER: That's right.

9 MALE SPEAKER: Okay. So, now, are we
10 extending the board's reach?

11 FEMALE SPEAKER: The Board of Nursing, as
12 well. All the boards can get this information.

13 DIFFERENT FEMALE SPEAKER: Mm-hmm.

14 DIFFERENT FEMALE SPEAKER: Already. And
15 I can't remember the gentleman's name, but the
16 law enforcement can pretty much get the
17 information, too. It's just expediting things.
18 And I thought this --

19 JUDGE FADER: What do you mean they can
20 get it?

21 FEMALE SPEAKER: They have subpoena

1 (inaudible). They can get this same information,
2 they just (inaudible).

3 JUDGE FADER: They have subpoena? They
4 have limited subpoena authority, through --

5 FEMALE SPEAKER: They have regulatory
6 oversight authority.

7 JUDGE FADER: Okay. But they have
8 limited subpoena authority through the State's
9 Attorney's Office, of the Attorney General's
10 Office. Which means they must come to a court to
11 sign as subpoena.

12 FEMALE SPEAKER: Absolutely.

13 JUDGE FADER: Nobody has any authority to
14 issue a subpoena except the Court.

15 FEMALE SPEAKER: Right. And the Board
16 certainly can issue subpoenas.

17 JUDGE FADER: It can.

18 FEMALE SPEAKER: Right.

19 JUDGE FADER: But it can't enforce it.

20 FEMALE SPEAKER: No, but they're pretty
21 effective.

1 JUDGE FADER: Yeah, I can understand
2 that. So, you're talking about the State's
3 Attorney's Office, which must have a judge sign a
4 subpoena. Okay. Now, we're talking about the
5 Board of Pharmacy to issue a subpoena.

6 FEMALE SPEAKER: Mm-hmm.

7 JUDGE FADER: Okay.

8 FEMALE SPEAKER: But I think the
9 distinction in the original discussion about
10 this, and I don't want to -- us, as a body, here,
11 we are called the Advisory Council. This, right
12 here, is the Advisory Council. So when you're
13 reading the legislature and they talk about
14 Advisory Council, that's us.

15 So then there is this second piece, where
16 the Advisory Council is supposed to advise on a
17 separate committee, council, group, whatever you
18 want to call it, about how this data will be
19 interpreted for those who are able to access it.
20 And I thought this main concern was law
21 enforcement, who don't have the health

1 background, who aren't doctors, who aren't
2 pharmacists, that don't know the drugs, to enable
3 them not to -- and whether or not there needs to
4 be a voter fraud investigation first, I mean,
5 that's all to be hashed out, but whatever access
6 they do have, to assist the law enforcement in
7 properly interpreting the data they're presented
8 with it.

9 Now --

10 JUDGE FADER: Well, that was Ramsay's
11 main --

12 FEMALE SPEAKER: (Inaudible) well, the
13 Board are physicians, mostly, and they can access
14 the (inaudible).

15 JUDGE FADER: -- thought in all of this,
16 is the situation of prosecuting people and
17 chilling the effect of physicians to --

18 FEMALE SPEAKER: Right. Right.

19 JUDGE FADER: So this may be very well
20 limited to prosecution.

21 FEMALE SPEAKER: That's just an issue for

1 debate, but I thought it was mainly for just the
2 law enforcement. Whether you want to lob the
3 boards in, as law enforcement, I mean, I guess
4 that's up for discussion.

5 JUDGE FADER: Okay, but when law
6 enforcement wants to issue a subpoena, does law
7 enforcement come to the Board of Physicians, the
8 Board of Pharmacy, the Board of Nursing, and talk
9 about it first? I mean, I --

10 FEMALE SPEAKER: They can't be agents of
11 law enforcement.

12 JUDGE FADER: Yeah, okay, but the answer
13 is that they don't.

14 FEMALE SPEAKER: They sometimes tell
15 they're about to do it, if you want to ride
16 along.

17 JUDGE FADER: And they want to what?

18 FEMALE SPEAKER: Ride you -- do you want
19 to ride along.

20 JUDGE FADER: Okay. But the situation is
21 that law enforcement is making decisions. And

1 what Ramsay's concern was, with all across the
2 country there have been a number of decisions
3 that have been made that have been wrong, with
4 prosecutors overreaching. So it just seems to me
5 this advisory committee, then, is limited to the
6 prosecutions.

7 Well, LaRai, we're talking about you.
8 What do you think about this? Do you think you
9 need any help?

10 MS. FORREST: Apparently. Yes.

11 (Laughter.)

12 JUDGE FADER: Well, seriously, what do
13 you think? My experience is that we have not,
14 from reading this, we have not had the same
15 problems in Maryland that a lot of other states
16 have had, where prosecutors have been seeking to
17 make a name for themselves and have been doing
18 some stupid things.

19 MS. FORREST: Because they don't have
20 easy access to the data -- real time, easy access
21 to the data. And the question is, is if this

1 gives them that earlier in the process is there a
2 way to have a committee to get them to understand
3 what this data means.

4 Virginia State Police have special
5 investigators that are trained, in this.
6 Maryland does not. And so the question is is if
7 you have any level -- again, it goes back to
8 access, but if you're going to allow any level of
9 law enforcement -- putting a local sheriff out in
10 Western Maryland, to have access to mine the
11 data, or to have access, real time, the question
12 is does he know what the data means and what is
13 the value of it.

14 So I'd actually like to see this
15 committee get involved before it ever comes to
16 prosecution. And if there's a way to control
17 access to data, to those people. In Virginia,
18 with an opinion, maybe non binding, with an
19 opinion, early on, they may not take long.

20 JUDGE FADER: Okay, I know this --
21 Ramsay and the people that feel like him, are

1 very intent that they not help them gather the
2 data but once they get the data, they want them
3 to have the benefit of people to recommend.

4 What do you think?

5 MR. HUTCHER: I want to first start by
6 introducing myself. I'm Don Hutcher (phonetic)
7 with Baltimore District (Inaudible) Office. And
8 I'm very interested in the talk this morning.

9 If we really, in DEA, you know, we see an
10 awful lot of legal diversion by basically two
11 avenues. At the registrant level you have the
12 pharmacy who is going to be selling out the back
13 door, filling bad prescriptions. But it's all
14 really generated from -- the illegal script
15 brings on the street about (inaudible)
16 prescriptions. So, obviously, we would like to
17 have access to the information. It would assist
18 us in our investigations.

19 A lot of times we will get similar
20 complaints across a lot of the sources of tips on
21 physicians and pharmacists. So.

1 FEMALE SPEAKER: Do those ever actually
2 get entered into the system, though? If they're
3 selling them out the back door and labeling them
4 (inaudible) prescriptions, why would they even
5 bother to enter them in the system?

6 MR. HUTCHER: If they're smart, they'll
7 try to cover their tracks. You're talking about
8 pharmacists, I assume?

9 FEMALE SPEAKER: Yes.

10 MR. HUTCHER: Often times, we really
11 don't see that happen. We have ways of, you
12 know, (inaudible) their system. The DEA has ways
13 of tracking purchases by manufacturers and
14 distributors -- you know, authorized -- they're
15 required by law.

16 JUDGE FADER: Do you have subpoena power?

17 MR. HUTCHER: In -- yes, sir. In a
18 pharmacy investigation or --

19 JUDGE FADER: Yeah. Yourself.

20 MR. HUTCHER: Yes, we can issue a
21 subpoena.

1 JUDGE FADER: Okay.

2 MR. HUTCHER: For -- since the physician
3 or the pharmacist is a DEA registrant, that's the
4 key. They have to have a DEA number to play the
5 game, so we have the (inaudible) ability and
6 subpoena the records. Yes, we do.

7 FEMALE SPEAKER: And the second area?
8 Diversion.

9 MR. HUTCHER: The diversion? Street
10 level diversion, script raids. But, you know,
11 it's again, with the pharmacies and say, maybe, a
12 bad doctor, which is like one percent of one
13 percent, I would say. And that's the
14 (inaudible). So those are the two main areas we
15 see. But --

16 JUDGE FADER: All right, well, LaRai, let
17 me go back once more and just say this -- when
18 you're talking about a criminal investigation on
19 a state level, nothing can be acquired by you,
20 unless a subpoena is issued by a court.

21 MS. FORREST: Correct.

1 JUDGE FADER: Okay. All right. With
2 pharmacists and physicians it's different. I
3 tell my students that the investigator for the
4 board comes in and they show their badge, and
5 they say we're doing an investigation on this
6 situation. Then I tell them, okay. Tell them,
7 number one, you have to sign something, with your
8 subpoena power. Don't ever give anything to
9 anybody without a subpoena.

10 And, secondly, don't give them an
11 original. So that's what I tell my students. I
12 don't care who comes in from the board, if they
13 just want to look at a particular prescription or
14 a particular tie-in, a policeman comes in, it's
15 an immediate investigation -- show them what they
16 want but get the name of the policeman. But if
17 they want all these records and want to look
18 through with regard to a particular physician, or
19 something like that, get a subpoena from him.

20 The Pharmacy Board has the right to come
21 through and flip through the files. But if they

1 want to take anything with them they need a
2 subpoena.

3 You don't have any objection to any of
4 that, do you?

5 MS. FORREST: Uh-uh.

6 JUDGE FADER: Never give anybody an
7 original. I don't care whether it's the
8 President of the Board of Pharmacy that says, or
9 Chairman, I want the prescription. Tell them,
10 no, no way, good bye. Okay. That you keep the
11 original in the store.

12 MALE SPEAKER: But do you only need the
13 subpoena if you want the original? What if you
14 want a copy, or as a board inspector, come in and
15 ask for reports. We've never had a subpoena
16 presented to us but it's part of --

17 JUDGE FADER: No. They come, they have
18 the authority to do that. The only thing I tell
19 my students is make sure that they sign as to
20 what they took.

21 MALE SPEAKER: Yes.

1 JUDGE FADER: Okay.

2 MALE SPEAKER: Right. Yes.

3 JUDGE FADER: But they have that
4 authority, as conditioned of licensing and giving
5 a permit to the pharmacists.

6 MALE SPEAKER: Right.

7 JUDGE FADER: Okay. But once again,
8 we're down to Ramsay's questions (inaudible) of
9 the problem that have had in the country. Now,
10 he's the Secretary of the Maryland Board of
11 Physicians. And he is telling us that there's an
12 awful lot of physicians who are very, very
13 chilled because of the overreaching of the DEA
14 and the State people.

15 And therefore, he feels that you need
16 this group of people that will give them the
17 benefit of their advice, whether they want it or
18 not. And remember, he first started saying that
19 they can't do it *unless* -- can't prosecute *unless*
20 this group says okay. But, you know, the
21 constitution has a little different view of that.

1 That it's the prosecutor's priority.

2 MALE SPEAKER: So this is not -- you're
3 not really talking about data mining?

4 JUDGE FADER: No.

5 MALE SPEAKER: Per se?

6 JUDGE FADER: No. The prosecutor has to
7 have the information in front of her to go
8 forward before --

9 MALE SPEAKER: And then (inaudible)
10 oversight for --

11 JUDGE FADER: Just for that specific
12 purpose.

13 FEMALE SPEAKER: But how do you get any
14 ability to -- you need to legislate the ability
15 to -- they'd have to listen, or see it, or give
16 them the rights to be able to get the file.
17 Otherwise, they're just completely (inaudible).

18 JUDGE FADER: Um, I don't know. That's
19 going to be up to the --

20 FEMALE SPEAKER: (Inaudible)?

21 DIFFERENT FEMALE SPEAKER: No, the fact

1 that they even have to listen to this committee
2 (inaudible).

3 JUDGE FADER: Well, there's a lot of
4 physicians running around that are scared to
5 death. Not everybody -- now, I'm going to be
6 careful how I say this, Marcia -- not everybody
7 has your approach to go to blazes, a stronger
8 letter will follow. Okay.

9 You know, yourself, in your profession,
10 that there's a lot of physicians who are very
11 busy, who are wimps, who just can't become
12 involved with this. And isn't the data and the
13 literature and everything to the effect that
14 they're not prescribing a lot of the medications
15 that they should because they're so afraid of
16 DEA?

17 Okay. That's what Ramsay wants to do, is
18 to give the physicians the assurance that when
19 these things are happening there's going to be an
20 oversight board on the prosecution sense.

21 FEMALE SPEAKER: But can you mandate the

1 prosecution to listen to them?

2 DIFFERENT FEMALE SPEAKER: Yeah.

3 JUDGE FADER: You can mandate that you
4 send the information to the prosecutor, but the
5 prosecutor has a absolute constitutional right to
6 do whatever she wants to do.

7 FEMALE SPEAKER: Quite frankly, as he
8 indicated, it's one percent of one percent. The
9 doctors, as we've talked about numerous times,
10 you know, you're the prescriber (inaudible) feel
11 is justified. And then there's going to be
12 something that backs up, based on your reports
13 and things, why you're prescribing what you're
14 prescribing.

15 The doctors that I've worked at have been
16 minimal, and they're doctors that are giving
17 illegal prescriptions. People are coming in, off
18 the street, they pay him fifty dollars and they
19 give him whatever they want. And then they go to
20 the pharmacy and give them fifty dollars and they
21 give them whatever they want.

1 Or you have somebody at the pharmacy
2 that's crooked and they're selling out the back
3 door, like he's talking about. Or just some drug
4 dealer on the street who's (inaudible) Lexington
5 Market at the Methadone clinic.

6 That's like one percent of one percent,
7 like you're talking about. It's very minimal. It
8 only comes up when an investigator or law
9 enforcement officer comes to me and says this is
10 what I've got, this is what we're looking at, and
11 this is what I've -- what do you think?

12 And then I just look at the crookedness
13 of it.

14 DIFFERENT FEMALE SPEAKER: But the
15 experience that physicians think is happening is
16 that, in the State's words, these plans have been
17 implemented, that the prosecutions of the guy or
18 the investigations of the guy is doing the right
19 thing. Or what is mostly the right thing, has
20 gone through the roof. And that's the
21 physicians' perception of it. And that's pretty

1 much the reality of it, in places like Texas and
2 in Kentucky and those kind of places. It's
3 been --

4 FEMALE SPEAKER: (Inaudible) Virginia
5 investigation. (Inaudible) when the Virginia
6 Trooper came in and talked about it, that there
7 was that problem, because like you had indicated
8 earlier, there is a small group, and I see what
9 you're saying, there is a small group of us that
10 can actually access this data. And outside any
11 other law enforcement agency coming in, it's only
12 us that can access it. So, I think, maybe if --
13 I don't know. I'm not a physician.

14 JUDGE FADER: I think Ramsay is saying
15 it's more of a political problem with the
16 physicians than anything else. But, look, it's
17 like anything else. There have been a number of
18 instances of prosecutorial overreach throughout
19 the country. We have not been bothered with
20 that, here, yet, okay.

21 The question is they're scared to death

1 as to when it's going to occur, and how it's
2 going to occur, and what possible block they can
3 do for that.

4 MALE SPEAKER: Would it not behoove a
5 prosecutor to, if presented with this
6 information, to contact this oversight group,
7 lest they go forward with the prosecution and
8 then have this group come in and say this is a
9 totally bogus prosecution and end the case.

10 JUDGE FADER: That could be one of the
11 things and one of the play outs.

12 MALE SPEAKER: Before you proceed to
13 prosecution that you would check with these
14 people to say, is this a legitimate thing. And,
15 if not, I think the prosecutor would be
16 embarrassed down the road.

17 DR. WOLF: The problem is, it's, again,
18 I'm going to get back to what's in the database
19 and what the community is going to be actually
20 able to see.

21 JUDGE FADER: Well, let us give Ramsay

1 the benefit of our discussions here and see what
2 else he wants to do with this.

3 Linda?

4 MS. BETHMAN: Is this a given -- that any
5 law enforcement prosecution would only be
6 potentially against the prescriber, rather than
7 the patient? Is that a given?

8 FEMALE SPEAKER: I don't know what --

9 MS. BETHMAN: I just wanted to put
10 that --

11 JUDGE FADER: No. I mean, you're
12 obtaining a forged prescription. You're subject
13 to criminal penalty.

14 FEMALE SPEAKER: The whole point is to
15 get them public. They can look at us any which
16 way but loose, if they want to.

17 MALE SPEAKER: (Inaudible).

18 JUDGE FADER: Yeah.

19 MS. BETHMAN: So, so -- I'm sorry. So
20 what was the response?

21 FEMALE SPEAKER: The response is we want

1 them to be able to go after the bad guy, not the
2 public.

3 MALE SPEAKER: Or the (inaudible).

4 DIFFERENT FEMALE SPEAKER: Patients may
5 steal prescriptions from your office,
6 unfortunately.

7 DIFFERENT FEMALE SPEAKER: What does
8 Virginia have?

9 MS. FORREST: Virginia has never used
10 (inaudible).

11 FEMALE SPEAKER: That's not true.

12 MS. FORREST: I don't recall. It was
13 just an investigation you would be able to -- you
14 could look at a patient, but I think they were
15 saying --

16 FEMALE SPEAKER: But it was only for
17 treatment purposes.

18 MS. FORREST: To see what their
19 prescriptions were, for a period time and if they
20 were going to other places.

21 JUDGE FADER: If a patient is overtaking

1 medication, for themselves and becoming
2 dependent, the chances of the prosecutor going
3 after them are slim, and very, very slim. If the
4 patient is selling this stuff in a school yard,
5 the chances are that DEA and the State people are
6 going to be after them.

7 DR. WOLF: I've actually been involved in
8 a case with the Virginia State Police, from a
9 patient that's actually forging different
10 physicians' prescriptions and (inaudible) the
11 state. And, basically, what they do is, is that
12 they open up an investigation and then they go
13 and they attempt to find out -- they actually
14 talk to the patient. And then what they want to
15 know is if it's a real (inaudible) patients just
16 a bad behavioral actor and whether legitimate
17 medical stuff is going on or whether there's
18 criminal (inaudible).

19 FEMALE SPEAKER: Isn't forging criminal
20 activity?

21 DR. WOLF: Well, it is criminal activity

1 but they're willing to give the patient the
2 benefit of the doubt because, again, this is the
3 Virginia State Police officer telling me this,
4 that if she really has medical needs but hasn't
5 been gotten into the correct place that maybe
6 there's some medical (inaudible) here.

7 JUDGE FADER: And if other prosecutor
8 would ask the same thing that prosecutor is
9 asking, everything would be fine, or better, but
10 Ramsay is saying that his experience, as
11 Secretary of the Board, is that it's not. And
12 that a lot of physicians are not prescribing what
13 they should prescribe because of the fact that
14 they're chilled with this experience and they
15 need that reassurance.

16 Now, Bob, Marcia, is that going to work?

17 DR. LYLES: I'm not sure if the
18 prosecutor doesn't have to listen to this
19 committee. I'm not sure what purpose it would
20 serve.

21 DR. WOLF: The physicians are going to

1 have to deal with the regs, too, so that's going
2 to throw a fork into the whole thing anyway.

3 JUDGE FADER: Okay. Well, I think we
4 should throw this out to Ramsay, tell us what the
5 benefit of the discussion, and Georgette will
6 write up and see what the situation is. But this
7 type of oversight is just limited to criminal
8 cases.

9 MALE SPEAKER: I attempted to look at
10 (inaudible) and if I could pass one of the
11 reports on (inaudible) it appeared to me that the
12 first couple of (inaudible) they implemented a
13 drug, (inaudible), that there was an increase in
14 (inaudible). I don't know if that was
15 (inaudible) as we talked about (inaudible)
16 situation or if it was real data that (inaudible)
17 month after month after month. I looked at
18 Maryland and we have nowhere near the number of
19 prosecutions here, of physicians, as we
20 (inaudible). Now, maybe (inaudible).

21 FEMALE SPEAKER: What about prosecutions

1 of the patients? Did that go up or down or
2 (inaudible)?

3 MALE SPEAKER: (Inaudible).

4 FEMALE SPEAKER: (Inaudible).

5 MALE SPEAKER: (Inaudible) percentage
6 (inaudible) a lot more physicians (inaudible) the
7 percentage. That's what I look at, is the
8 percentage of (inaudible) complaints versus --
9 and the number of complaints that are (inaudible)
10 substance abuse.

11 DIFFERENT MALE SPEAKER: Yeah, and it
12 really is (inaudible) what kind of parameters you
13 can set around how the data is used.

14 DIFFERENT MALE SPEAKER: Virginia
15 actually might (inaudible). So, as a result,
16 you're going to come up with a lot more referrals
17 than if you're accessing it for practice purposes
18 and you're only going after it when you've got
19 suspects (inaudible) that there's an abuse
20 situation. So the outcome will not be unexpected
21 that there would be a higher incidence.

1 JUDGE FADER: All right, now what do
2 you -- let's make sure we're on the same
3 wavelength.

4 What do you mean Virginia mines its data?

5 MALE SPEAKER: They actually take the
6 database and they go in the database -- people
7 who are trained and knowledgeable and they look
8 for, using evidence, as well as subsequent
9 observation, indicators that there may be a
10 possibility of abuse or fraudulent action. And
11 that is going to give you a larger potential
12 cohort that you will pursue, potentially for
13 referral to law enforcement.

14 We have never talked, in this group,
15 about using the database (inaudible) doing that
16 kind of mining, independent of an investigation.
17 Okay. So they actually mine for purposes of
18 looking and referring, where that was not ever a
19 discussion in this group.

20 JUDGE FADER: I do recall some people
21 expressing an opinion that that would be a

1 horrible thing, and we need to avoid that.

2 MALE SPEAKER: And that's why it's never
3 been discussed.

4 JUDGE FADER: Right.

5 DIFFERENT MALE SPEAKER: And that's
6 exactly where your advisory group or board comes
7 into play. They would set the expectations
8 around how that data can be used.

9 JUDGE FADER: Well, I think the
10 legislature is going to want to make a decision
11 on itself, on that particular issue. And I think
12 that we should throw it into them that that's
13 their decision to make.

14 FEMALE SPEAKER: Didn't the Virginia
15 State Policeman specifically say that that didn't
16 happen --

17 MALE SPEAKER: I recall that, too.

18 FEMALE SPEAKER: That it was only -- he
19 used the term as if -- it's an open -- exactly.
20 He specifically said that there were only the --
21 however many of them there were, six or eight,

1 could use it, from a law enforcement standpoint,
2 and only pertinent to an open investigation. And
3 we kind of got into a discussion about what that
4 really meant, in legal terms, you know, and it
5 was without subpoena.

6 DIFFERENT FEMALE SPEAKER: But the one
7 thing I do remember Ramsay discussing was that he
8 said that there should be some means of being
9 able to get that information to monitor trends
10 and maybe even outcomes, by being able to either
11 redact the data or some means of actually being
12 able to follow.

13 MALE SPEAKER: There's got to be some
14 safeguard against looking at individual
15 physicians' prescribing patterns from this
16 database, unless there's an investigation open.
17 It should not be a fishing expedition.

18 JUDGE FADER: I think that's probably
19 going to be the consensus. Nobody wants Big
20 Brother looking over their shoulder. If somebody
21 says Big Brother, it needs to come in and take a

1 look at it and here's probable cause to do it.
2 The Board of Pharmacy determines what their
3 probable cause is. The Board of Physicians
4 determines that theirs is, and the State's
5 Attorney of Baltimore City determines what hers
6 is.

7 But as far as letting anybody in the
8 system just to look at and say, oh, this look
9 suspicious, we're running out of work, let's see
10 what we can go after Marcia Wolf for. I don't
11 think that's going to happen.

12 MALE SPEAKER: Would there be significant
13 value in a redacted approach of looking at
14 aggregated information to see what practice
15 trends are, from a public policy perspective.

16 JUDGE FADER: You mean data collecting
17 for statistics purposes as opposed to
18 individuals?

19 MALE SPEAKER: (Inaudible) now they talk
20 about trends in insurance, un-insurance, under
21 insurance -- certainly, utilization trends, that

1 are not specific to anybody in particular but
2 they are reflective of how you look compared to
3 the country and changes from year to year within
4 your own database.

5 FEMALE SPEAKER: We may be able to use
6 that data to see how this legislature affects the
7 propriety of the (inaudible), along the way.

8 JUDGE FADER: Well, so there's a
9 question. Does the legislature want to get
10 involved in this? I think, to some extent, they
11 do. To most of the extent, they don't. But
12 that's going to be their decision. I do think
13 that they're going to want to have a say. But
14 that's going to be up to them that, no, there's
15 not going to be any data mining.

16 The second thing is that once there's an
17 investigation and the Board of Pharmacy, or the
18 Board of Physicians, or prosecutors decides, yes,
19 there's enough for us to go through, then what
20 access are they going to have to the database.

21 And I don't think they're going to do

1 anything other than say that's the prerogative of
2 the Board of Pharmacy to determine what they want
3 to do and when they want to do it.

4 How about -- let's taking ten minutes and
5 then coming back. What we have left is what will
6 be the requirements for obtaining accurate
7 information, who will have access to the
8 information -- oh, I don't think there will be
9 any discussion on that.

10 (Laughter.)

11 JUDGE FADER: Different access system an
12 things of this sort. Patient notification. Who
13 will use a drug monitoring program, security and
14 access -- we'll just get as many points as we can
15 on this for the people that will be contributing
16 to it. Okay.

17 Ten minutes? I have ten after. Can we
18 say -- eleven after. Twenty-one.

19 And then anybody doing anything December
20 4th, Friday, that we could put another potential
21 meeting in then, just to --

1 (Various overlapping conversations, not
2 transcribed.)

3 (Off the record, pause in meeting.)

4 (On the record.)

5 JUDGE FADER: -- PDMP meeting on
6 September 24th and 25th -- did everybody get a
7 copy of that? Can anybody else come? We have
8 money to pay.

9 MALE SPEAKER: Where is it?

10 JUDGE FADER: In Washington, DC.

11 FEMALE SPEAKER: Do you know the fees?

12 DIFFERENT FEMALE SPEAKER: There's also
13 Ramsay's meeting, too.

14 JUDGE FADER: Yes. I'm signing up for
15 Ramsay's meeting and I'm going to sign up for
16 this one, but I'm not going to sleep there.

17 FEMALE SPEAKER: (Inaudible) it's on
18 there. That's not Ramsay's meeting?

19 DIFFERENT FEMALE SPEAKER: No.

20 FEMALE SPEAKER: That's what I'm interest
21 in.

1 (Various overlapping conversations, not
2 transcribed.)

3 JUDGE FADER: Okay, can you send all of
4 that out, again, in an email?

5 FEMALE SPEAKER: Yeah.

6 JUDGE FADER: Okay.

7 FEMALE SPEAKER: Ramsay's, I have to get
8 the information. Okay.

9 (Various overlapping conversations, not
10 transcribed.)

11 (Whereupon, the meeting was adjourned.)

12

13

14

15

16

17

18

19

20

21

1 CERTIFICATE OF TRANSCRIPTION

2
3 State of Maryland;

4 County of Baltimore, to wit:

5
6 I, Robin Claire Comotto, a Notary Public
7 in and for the State of Maryland, County of
8 Baltimore, do hereby certify that the within
9 proceedings were transcribed by me accurately to
10 the best of my ability, knowledge, and belief.
1112
13 As witness my Hand and Notarial Seal,
14 this 27th day of October, 2009.
1516 _____
17 ROBIN CLAIRE COMOTTO
1819 My Commission Expires:
20 September 1, 2010
21